								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR. Effective October 1, 2000									09	18	73	110	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL		
TOTAL CLAIMS			37				F	ATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BA	BASIC FEE 355.00		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			37 minus 20=		• 17		,	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			4 minus 3 =		1		5	X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							-	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								OTAL	 	OR	TOTAL		
/ // / /CLAIMS AS AMENDED - PART II										J	OTHER	THAN	
<u>U</u>	4()2()5(Column 1)		(Colur					ALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	V '	REMAINING AFTER AMENDMENT		NUM PREVIO	BER OUSLY	PRESENT EXTRA	RAT X\$ 9	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.32	Minus	. 3	37,	= <i>D</i>		\$ 9=		ОЯ	50	Ø	
AME	Independent	3	Minus	<u> </u>	4	= <i>'Q</i>		40=		OR	200	Ø	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=		1	2(1)	15	
								33= TOTAL	 	OR	TOTAL	2	
(Column 1) (Column 2) (Column 3)								T. FEE		JOR .	ADDIT. FEE		
	CLAIMS H			(Colu		1		1 1001	1		1001		
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=] x	§ 9=		OR	X\$18=		
	Independent	•	Minus	•••		<u> </u>	×	40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u>ا</u> ا	35=	<u> </u>	OR	+270=		
								TOTAL		1	TOTAL		
								T. FEE		OR	ADDIT. FEE		
		(Column 1) CLAIMS		(Colur		(Column 3)	ı —						
AMENDMENT C	-	REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	X	9=		OR	X\$18=		
	Independent	•	Minus			=	$ _{x}$	10=		OR	X80=		
لــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										270		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT, FEE		
		ber Previously Pai					er lound in	the ap	propriate bo	x in col	umn 1.		

FORM PTO-875 (Rev. 8/00)